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LAND-00700506 POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION 01 STATE IL 02 SITE NUMBER 000605113	
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site) BELVIDERE/MUNICIPAL #2		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER RT-76	
03 CITY BELVIDERE	04 STATE IL	05 ZIP CODE 61008	06 COUNTY BOONE
07 COUNTY CODE 007	08 CONG DIST 16		
09 COORDINATES LATITUDE 42 17 30.0		LONGITUDE 088 52 32.0	
10 DIRECTIONS TO SITE (Starting from nearest public road) SEE ATTACHMENTS ON T			
III. RESPONSIBLE PARTIES			
01 OWNER (If known) CITY OF BELVIDERE		02 STREET (Business, mailing, residential) 210 WHITEY ST	
03 CITY BELVIDERE	04 STATE IL	05 ZIP CODE 61008	06 TELEPHONE NUMBER 815-544-2060
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input checked="" type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 07/01/74 MONTH DAY YEAR <input type="checkbox"/> NO DATE 08-22-84 MONTH DAY YEAR		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____	
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1974 BEGINNING YEAR - ENDING YEAR <input type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED HEAVY METALS (TOXIC/PERSISTANT.)			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION GROUND WATER. (POP#/ENVIR)			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT NEAL FRANK		02 OF (Agency/Organization) DEPT OF PUBLIC WORKS	
04 PERSON RESPONSIBLE FOR ASSESSMENT LARRY WINNER		05 AGENCY IGRA	06 ORGANIZATION ITSPS
		07 TELEPHONE NUMBER 817-782-9848	08 DATE 1/15/85 MONTH DAY YEAR





I. IDENTIFICATION

01 STATE	02 SITE NUMBER
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STATE	CERTIFICATE NUMBER
IL0	000605113

01 PHYSICAL STATES (Check all that apply)

A SOLID	E SLURRY
B POWDER FINES	F LIQUID
C SLUDGE	G GAS

D OTHER _____
Specify:

02 WASTE QUANTITY AT SITE

Measures of waste quantities must be independent

TONS

CUBIC YARDS **UNKNOWN**

NO OF DRUMS

03 WASTE CHARACTERISTICS Check all that apply

☒ A TOXIC
☐ B CORROSIVE
☒ C RADIOACTIVE
☐ D PERSISTENT

E SOLUBLE
F INFECTIOUS
G FLAMMABLE
H IGNITABLE

I HIGHLY VOLATILE
J EXPLOSIVE
K REACTIVE
L INCOMPATIBLE
M NOT APPLICABLE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE	111KNO(10A)		
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

[illegible]

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

IEPA-LAND FILES



LAND-00700506

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL0 00605113

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED

63020

02 ☐ OBSERVED (DATE _____)
04 NARRATIVE DESCRIPTION☒ POTENTIAL ☐ ALLEGED

A MIGRATION OF HEAVY-METALS, AND OTHER HAZARDOUS WASTE FROM THIS SITE. THERE IS A HIGH WATER TABLE.

01 ☐ B. SURFACE WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED02 ☐ OBSERVED (DATE _____)
04 NARRATIVE DESCRIPTION☐ POTENTIAL ☐ ALLEGED01 ☐ C. CONTAMINATION OF AIR
03 POPULATION POTENTIALLY AFFECTED02 ☐ OBSERVED (DATE _____)
04 NARRATIVE DESCRIPTION☐ POTENTIAL ☐ ALLEGED01 ☐ D. FIRE/EXPLOSIVE CONDITIONS
03 POPULATION POTENTIALLY AFFECTED02 ☐ OBSERVED (DATE _____)
04 NARRATIVE DESCRIPTION☐ POTENTIAL ☐ ALLEGED01 ☐ E. DIRECT CONTACT
03 POPULATION POTENTIALLY AFFECTED02 ☐ OBSERVED (DATE _____)
04 NARRATIVE DESCRIPTION☐ POTENTIAL ☐ ALLEGED01 ☐ F. CONTAMINATION OF SOIL
03 AREA POTENTIALLY AFFECTED _____
(Acres)02 ☐ OBSERVED (DATE _____)
04 NARRATIVE DESCRIPTION☐ POTENTIAL ☐ ALLEGED01 ☐ G. DRINKING WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED

6320

02 ☐ OBSERVED (DATE _____)
04 NARRATIVE DESCRIPTION☒ POTENTIAL ☐ ALLEGED

1 WELL IS 150 YD. FROM THE SITE, AND A HIGH WATER TABLE IN THIS AREA.

01 ☐ H. WORKER EXPOSURE/INJURY
03 WORKERS POTENTIALLY AFFECTED: _____02 ☐ OBSERVED (DATE _____)
04 NARRATIVE DESCRIPTION☐ POTENTIAL ☐ ALLEGED01 ☐ I. POPULATION EXPOSURE/INJURY
03 POPULATION POTENTIALLY AFFECTED: _____02 ☐ OBSERVED (DATE _____)
04 NARRATIVE DESCRIPTION☐ POTENTIAL ☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL 00605113

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 6320

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

IEPA LAND FILES